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MEMORANDUM

To: Superintendents of Local and Intermediate School Districts, Administrators of Public School Academies and Building Principals

From: Pat Nichols, Deputy Director *PN*
Curriculum Development and School Health Programs

Date: October 18, 1999

Subject: Management of Students with Asthma in the School Setting

There has been a significant increase in the number of students with asthma in our schools. In fact, asthma is the leading serious chronic illness of children in the United States. It is also the number one cause of school absenteeism due to a chronic condition, leading to an estimated average of 7.3 school days missed annually. In order to decrease the amount of time these students are absent from school because of acute episodes of asthma, the following recommendations are offered by the Michigan Asthma Steering Committee of the Michigan Department of Community Health, based on Asthma Management Guidelines of the National Heart, Lung, and Blood Institute:

- ☐ Many children with asthma are taught to carry their own medication (example: metered-dose inhalers) and to self-administer as part of their doctor-prescribed treatment regimen. **Schools need to honor the parental request and doctor's written instructions that allow a child to carry and self-medicate.** Please see memorandum dated 11/19/96 concerning Medications in School for further recommendations.
- ☐ Support and encourage pro-active communication with parents of asthmatic children. The successful management of asthma is a partnership between home, school, and the child's health care provider. A sample Asthma Management Plan is attached that can be sent home for completion by the asthmatic child's parents and doctor on an **annual basis** or more often if the child's medications change. This form is also available on the Michigan Department of Education's web site at: <http://www.state.mi.us/mde>
- ☐ If needed, school administrators may have direct communication with the child's health care provider in order to resolve individual problems that may arise because of the child's asthma.
- ☐ **Schools need to provide opportunities for staff to learn more about asthma and allergies.**
 - **All staff should know the early warning signs of an acute asthma episode, and should be aware of emergency procedures** and contacts in case a child needs medical assistance. Please copy the attached flyer, "Signs of an Asthma Emergency," to distribute to all your staff and post on bulletin boards around your school.

- Staff should be aware that chalk dust, animals in the classroom, strong odors (perfumes and paints), cleaning agents, molds, and numerous other substances may be asthma triggers for some children.
- Staff with asthmatic students should know the signs of possible side effects of asthma medications, and also be aware which side effects are serious enough to warrant reporting to the child's parents or health care provider.

Qualified professionals in asthma management from several organizations in Michigan can be contacted for staff in-service sessions on asthma - see enclosed listing. This information is also available on the Michigan Department of Education's web site at <http://www.state.mi.us/mde>

- ☐ Environmental pollutants are often triggers for acute episodes of asthma. Extensive building repairs or cleaning should be scheduled for long vacations or during summer months to avoid exposing children to fumes, dust, or other irritants. Routine cleaning and maintenance of the heating/cooling and air filtration system is important for reducing amounts of dust and mold in the schools.
- ☐ Physical education teachers, playground aides, and teachers need to know that **exercise can induce acute episodes for many students with asthma.** Exercise in cold, dry air and activities that require extended running appear to trigger asthma more often than other forms of exercise.

Often the child's doctor will prescribe medication to be taken prior to gym class or other physical exertion to help avoid an acute asthma episode. This preventive medicine enables most students with exercise-induced asthma to participate in any sport they choose. **The child's doctor should describe the use of preventive medication in the child's asthma management plan, which needs to be reviewed by the physical education teachers** at the beginning of each school year, or if the child's plan changes.

- ☐ It is important for school staff who are responsible for students during physical activity to be aware of those students who have exercise-induced asthma. **A child with exercise-induced asthma should be allowed to stop any physical activity if they are having difficulty.**

If you have questions, please contact Pat Nichols, Michigan Department of Education, School Health Programs, (517) 373-7247.

Attachments

This information expires on June 30, _____.

SCHOOL-BASED ASTHMA MANAGEMENT PLAN

Endorsed by the Michigan Asthma Steering Committee of the Michigan Department of Community Health

STUDENT INFORMATION

Child's Name: _____ Birth Date: _____

Grade: _____ Home Room Teacher: _____

Physical Education Days and Times: _____

EMERGENCY INFORMATION

TO BE COMPLETED BY THE CHILD'S PARENT/GUARDIAN:

Parent/Guardian Name(s): _____

First Priority Contact: Name _____
 Phone _____

Second Priority Contact: Name _____
 Phone _____

Doctor's Name: _____ Phone: _____

TO BE COMPLETED BY THE CHILD'S DOCTOR:

WHAT TO DO IN AN ACUTE ASTHMA EPISODE:

1.

2.

3.

CALL 911 OR AN AMBULANCE IF: Review attached "Signs of an Asthma Emergency" and list any additional symptoms the child may present with:

DAILY MANAGEMENT PLAN - TO BE COMPLETED BY THE CHILD'S DOCTOR.

OVER FOR DAILY MANAGEMENT PLAN →

Child's Name: _____

Be aware of the following asthma triggers: _____

Severe Allergies: _____

MEDICATIONS TO BE GIVEN AT SCHOOL:

NAME OF MEDICINE	DOSAGE	WHEN TO USE

Side effects to be reported to health care provider: _____

Does this child have exercise-induced asthma? **Yes No**

- ☐ This child uses an inhaler before engaging in physical exercise and if wheezing during physical activity.

Activity Restrictions (e.g., staying indoors for recess, limited activity during physical education):

Please check all that apply:

- ☐ I have instructed this child in the proper way to use his/her inhaled medications. It is my professional opinion that this child **should be allowed to carry and use** that medication by him/herself.
- ☐ It is my professional opinion that this child **should not** carry his/her inhaled medications or epi-pen by him/herself.
- ☐ Please contact my office for instructions in the use of this nebulizer, metered-dose inhaler, and/or epi-pen.
- ☐ I have instructed this child in the proper use of a peak flow meter. His/her personal best peak flow is: _____.

Doctor's Signature: _____ Date: _____

Parent/Guardian's Signature(s): _____ Date: _____

_____ Date: _____

Asthma In-Service Training Resources:

Your local school district's **nursing staff** should be able to provide asthma education for school personnel. A number of societies and associations provide asthma in-service education:

- ◆ The American Lung Association of Michigan. Dial **1-800-LUNGUSA** for the regional office nearest you for assistance.
- ◆ The Michigan Society for Respiratory Care at **517-336-7605**.
- ◆ The Asthma & Allergy Foundation of America's Michigan Chapter at **248-557-8050**

If you are in the West Michigan area, you can also contact the Asthma Resource Center for Children at **616-732-8984**.

Reference Materials Available:

Asthma Education:

"Asthma Management For Schools" by the National Heart, Lung, and Blood Institute.
<http://www.nhlbi.nih.gov/nhlbi/lung/asthma/gp/asthgp.htm>
<http://www.nhlbi.nih.gov/nhlbi/lung/asthma/prof/asthhc.htm>

"Asthma Curriculum for Elementary Schools" by the National Asthma Education and Prevention Program of NHLBI at:
<http://www.nhlbi.nih.gov/nhlbi/lung/asthma/prof/school/contents.htm>

"Open Airways for Our Schools" and "A is for Asthma" (Sesame Street Childhood Asthma Awareness Project program) by the American Lung Association. Contact 1-800-LUNGUSA or visit <http://www.usalung.org>

"Peak Performance Guide for Schools" by the American Association of Respiratory Care:
<http://www.aarc.org/index.html>

Minnesota Department of Health's "Asthma Education: An Integrated Approach, Ideas for Elementary Classrooms." Call 612-676-5274 or library@health.state.mn.us

Asthma and Allergy Foundation of America's Fact Sheets: <http://www.aafa.org>

Michigan Association of School Nurses web site: <http://www.angelfire.com/ma2/masn>

Indoor Air Quality Issues:

Minnesota Department of Health fact sheet "Frequently Asked Questions" about indoor air quality for K-12 school personnel. <http://www.dehs.umn.edu/schooliaq.html>

Environmental Protection Agency's *Tools for Schools*: information for limiting asthma triggers in your school. Contact ALAM or <http://www.epa.gov/iaq/schools/index.html>

Why Indoor Air Quality is Important for Your School - EPA fact sheet:
<http://www.epa.gov/iaq/schools>

Signs of an Asthma Emergency

SEEK EMERGENCY CARE IF A CHILD EXPERIENCES ANY OF THE FOLLOWING:



Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)



Child's chest or neck is pulling in while struggling to breathe



Child has trouble walking or talking



Child stops playing and can not start again



Child's fingernails and/or lips turn blue or gray



Skin between child's ribs sucks in when breathing

Asthma is different for every person. The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

If you are at all uncertain of what to do in case of a breathing emergency...

Call 911 and the child's parent/guardian

Michigan Asthma Steering Committee of the Michigan Department of Community Health